

Lead Agency: Health Department

Program Contact: RUMINSKI Diane T

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

First-time parents can receive a range of services, including home visits, hospital visits, classes and groups. Services begin in early pregnancy and continue through infancy to assure optimal maternal and infant health and assist parents in meeting their infant's basic health and developmental needs. 2,800 parents will receive hospital Welcome Baby visits. 925 parents will receive intensive home visit services.

Program Description

This offer includes varied services to meet the needs of first-time parents. The program uses the natural touch points of pregnancy and delivery to identify and engage families in services. Nurse Family Partnership (NFP) is a nurse home visit program for first-time low income pregnant women that starts early in pregnancy and follows families to their child's second birthday. Healthy Start begins with hospital-based Welcome Baby visits at birth to all first time parents in Multnomah County to identify families in need. Based on risk, families are referred for intensive home visit services provided by community agencies. Helping first-time parents who are the most inexperienced, develop the skills and abilities needed to best support their child, establishes lifelong parenting patterns which benefit multiple generations. These programs focus on three major outcomes: improving pregnancy outcomes by helping women engage in good preventive health practices; improving child health and development by helping parents provide responsible and competent care; and improving the economic self-sufficiency of families.

Nurse Family Partnership (NFP) is a nurse home visit program using a curriculum that focuses on mother and infant health, parenting education, and family relationships. NFP is based on the well-documented research of David Olds who tested the NFP program in three randomized controlled trials with three different populations over 30 years. Results showed that the program improved pregnancy outcomes, improved the health and development of children, and helped parents create a positive life course for themselves. Research on the long-term benefits for children receiving NFP services has shown at age 15 they are more likely to be in school, and less likely to be in the criminal justice system. The mothers who received NFP services are more likely to have finished high school, be in the workforce, and not use public assistance.

Healthy Start follows the Healthy Families America standards & uses the Parents as Teachers curriculum. Services are provided by family support workers (FSW) in contracted community based agencies following a standardized visit schedule. Statewide Healthy Start evaluations have demonstrated that families' participation: contributes to more positive health outcomes for infants and toddlers, reduces risk factors associated with child abuse and neglect, and promotes the role of parents as their child's first teacher, thus increasing the likelihood of school readiness.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of visits to women & infants	9,058	0	8,505	8,560
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	46.0%	50.0%	48.0%	50.0%
Outcome	% of Healthy Start parents reporting positive parent-child interactions	0.0%	0.0%	80.0%	82.0%
Output	% of infants 0-12 mon with developmental screening	0.0%	0.0%	76.0%	80.0%

Performance Measure - Description

✔ **Measure Changed**

2)The goal for % of women breastfeeding at 6 months of age is based on the Healthy People 2010 goal of 50%. 3) Required outcome of state Healthy Start program. State benchmark is 70-84% 4) No national standard. Focus is on increasing the number of children screened early in life for early identification of problems and referral for intervention.

Legal/Contractual Obligation

Healthy Start must comply with Healthy Families America credentialing requirements and state OCCF Healthy Start requirements. Nurse Family Partnership (NFP) must follow the program guidelines set forth by the NFP National Service Office. Services reimbursed by Medicaid must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	\$1,212,760	\$1,852,388	\$1,518,063	\$1,618,722
Contracts	\$384,350	\$2,051,422	\$1,318,845	\$1,392,816
Materials & Supplies	\$15,013	\$97,196	\$23,871	\$83,987
Internal Services	\$82,557	\$304,363	\$196,795	\$392,470
Total GF/non-GF:	\$1,694,680	\$4,305,369	\$3,057,574	\$3,487,995
Program Total:	\$6,000,049		\$6,545,569	
Program FTE	11.10	19.45	13.65	15.60
Program Revenues				
Indirect for dep't Admin	\$120,545	\$0	\$102,606	\$0
Intergovernmental	\$0	\$4,286,502	\$0	\$3,487,995
Total Revenue:	\$120,545	\$4,286,502	\$102,606	\$3,487,995

Explanation of Revenues

Healthy Start grant, state general funds from OCCF - Medicaid reimbursement for maternity case management, targeted case management and Healthy Start administrative claiming.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #40013A, Early Childhood Svcs for First Time Parents

End of 5 year CDC grant; reduced State Healthy Start funding; changes to Medicaid reimbursement regulations, would have resulted in significant staffing reductions.

The Chair and Board provided additional general fund supported to Early Childhood to offset many of the cuts that would have come from the end of the CDC grant. In FY11 Early Childhood will identify emerging and urgent health needs, and continue to assure services such as prenatal care, universal newborn screening, promotion and support for breastfeeding, parent education, immunizations and health care coverage.

They will maintain nursing capacity for Early Childhood service teams as they transition from a general field nursing model to the Nurse-Family partnership or other evidence based home visiting interventions. This will allow us to take advantage of healthcare reform funding, which specifically calls out best practices like Nurse Family partnership as a key element for early childhood preventative health.

In addition to nursing capacity Early Childhood will kick-off a comprehensive breastfeeding campaign engaging all the programs addressing maternal child health including WIC, home visiting nurses, Chronic Disease (now renamed the Prevention and Wellness program), Environmental Health and community based organizations, focusing on women and children experiencing health inequities. Breastfeeding has been shown to contribute substantially to the prevention of childhood illness and chronic diseases such as obesity, diabetes and asthma in children, as well as benefits to the nursing mother with a decreased rate of maternal obesity and diabetes.

This capacity will also allow Community Health Services to close gaps in our maternal child health program array. This will optimize the use of resources across programs to improve health outcomes in our community with a specific focus on communities in which we know health disparities exist.